



# Elite Registration Form

Please see website ([www.brystsoccer.com](http://www.brystsoccer.com)) for program details:

Program Code: \_\_\_\_\_ Program Day/Week: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Program Location: \_\_\_\_\_

<input type="checkbox"/>	Junior (age 7-11)	<input type="checkbox"/>	Half-Day (9am – 12pm) *summer camp only*
<input type="checkbox"/>	Senior (age 12-14)	<input type="checkbox"/>	Full-Day (9am – 4pm) *summer camp only*

**\*\*Please see website for prices, exclusion dates & discount options\*\***

### Player Information: (One player per form)

Male  Female

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: (Month/Day/Year) \_\_\_\_\_ Current Age: \_\_\_\_\_

### Address Information:

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell/Work #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell/Work #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**(To be used for your confirmation package/receipt and future communications)**

### Daytime Emergency Contact Info (Summer Camp only):

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Program Fee: (Only one discount applies)

Program Amount \$ \_\_\_\_\_

Sibling or Multi-Program Discount – 5% \$ \_\_\_\_\_

Other Discount: Please Specify \_\_\_\_\_ \$ \_\_\_\_\_

Subtotal: \$ \_\_\_\_\_

(HST# 88647 7819 RT001) Add 13% Tax: \$ \_\_\_\_\_

**Total Amount:** \$ \_\_\_\_\_

**Method of Payment (circle preferred option):** Full Payment or Two Payments *\*please contact office if payment plan is needed\**

VISA  MasterCard  Cheque  Money Order  E-transfer (contact office for details)  Cash (do not send cash by mail)

Visa / MC #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### Office Use Only:

Payment: \_\_\_\_\_ Registered: \_\_\_\_\_ Conf. Sent: \_\_\_\_\_